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FORM D

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TED STATES EXCHANGE COMMISSION igton, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
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SEC USE ONLY							
Prefix	, Serial						
DATE RE	CEIVED						
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hours per response.

UNIFORM LIMITED OFFERING EXEM	MPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) VERDE GROUP, L.L.C.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
VERDE GROUP, L.L.C.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 201 East Main, 4th Floor, El Paso, Texas 79901	Telephone Number (Including Area Code) (915) 225-3200
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Engage in both direct and indirect real estate related investments, operating management, community devel	opment and related real estate financial services.
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited partnership, to be formed	(please specify): PROCESSED ted Liability Company, already formed
17101111 1 Cul	stimated NOV 24 2003
CN for Canada; FN for other foreign jurisdiction)	DE THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Director General and/or Managing Partner Blankenship, C. Ronald Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Beneficial Owner General and/or Managing Partner Sanders, William D. Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Dobkin, Eric S Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Frazee, Jr., John P. Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Fuller, H. Laurence Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Beneficial Owner Promoter □ Director General and/or Managing Partner Hunt, Ray L Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Light, Jay O Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Roth, Steven Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Valline, Eloy S Full Name (Last name first, if individual) 201 East Main, 4th Floor, El Paso, Texas 79901 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

*					B. INF	ORMATIO	ON ABOU	T OFFER	ING				
1.	Has the	issuer sol	d, or does tl	he issuer ir	ntend to se	ell, to non-	accredited	investors	in this offe	ering?	•••••	Yes	No ⊠
				Answ	er also in	Appendix,	Column 2	, if filing u	nder ULO	E.			
2.	What is	the minim	ium investm	nent that w	ill be acce	pted from	any indivi	dual?		•••••		\$ 1,000	00.000
3.	Does th	e offering	permit joint	t ownership	of a sing	le unit?						Yes	No
4.	Enter the commiss of a person states	ne informatesion or sime son to be list, list the na	tion requested italian remuner sted is an assume of the boundary see you may see	ed for each ration for so sociated per roker or de	person we blicitation of son or agental aler. If most	tho has been of purchase nt of a broker than five	n or will b rs in conne er or dealer (5) person	e paid or g ction with: r registered s to be liste	given, direct sales of sections with the Sections	etly or indi surities in the EC and/or	rectly, any ne offering. with a state		
Ful	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of As	sociated Bi	oker or Dea	aler									
Sta	ites in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check i	individual S	States)		***********					. [] All	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH W V	GA MN OK WI	MS OR WY	MO PA PR
Fu	II Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	lumber and	Street C	ity State	Zin Code)			***			
	3111033 01	Residence		· amoer and	i street, o								
Na	me of As	sociated B	roker or Dea	aler									
Sta	ates in W	hich Persor	n Listed Has	s Solicited	or Intends	to Solicit	Purchasers					•	
	(Check	"All State	s" or check	individual	States)							☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if ind	ividual)									
Bu	isiness or	Residence	Address (N	Number and	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	ates in W	hich Person	n Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<u>- ,</u> ,
	(Check	"All State	s" or check	individual	States)							A1	I States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH W V	GA MN OK WI	HI MS OR WY	MO PA PR

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Aı	mount Already Sold
	Debt\$		\$	0.00
	Equity	0.00	\$	0.00
	Common Preferred			
	Convertible Securities (including warrants)	53,050,000.00	\$	53,050,000.00
	Partnership Interests	0.00	\$	0.00
	Other (Specify LLC Interests)	122,165,000.00	\$	122,165,000.00
		175,215,000.00	\$	175,215,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	1	Aggregate Dollar Amount
		Investors	1	of Purchases
	Accredited Investors		\$_	0.00
	Non-accredited Investors	0	\$_	0.00
	Total (for filings under Rule 504 only)		\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	Ι	Dollar Amount Sold
	Rule 505		_ \$_	
	Regulation A		_ \$_	
	Rule 504		\$_	
	Total		_ \$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	🛛	\$	175,000.00
	Accounting Fees		\$	25,000.00
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total	_	\$	200,000.00

C. OFFERING PRICE	CE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS		
and total expenses furnished in response to	gate offering price given in response to Part C—Question Part C—Question 4.a. This difference is the "adjusted grounds and adjusted grounds are adjusted grounds are adjusted grounds."	s		\$ <u>175</u>	,015,000.00
each of the purposes shown. If the amoun	gross proceed to the issuer used or proposed to be used fount for any purpose is not known, furnish an estimate and the total of the payments listed must equal the adjusted gross so to Part C—Question 4.b above.	d			
			Payments to Officers, Directors. &		Payments to
			Affiliates		Others
Salaries and fees		. ⊠ \$	200,000.00	⊠ \$	0.0
Purchase of real estate		⊠ s	0.00	⊠ 5	0 .0
Purchase, rental or leasing and installation	on of machinery	_			
and equipment		. 🔲 S	0.00		0.0
Construction or leasing of plant building	gs and facilities	□ \$	0.00		0.0
offering that may be used in exchange fo	ng the value of securities involved in this or the assets or securities of another	□•	0.00	s	0.0
•				. · ب	
		_			1,000,000.0
Other (specify): Acquire properties through		. K⊠ 2	0.00 173,815,000		
Other (specify). Addance properties through	armacs for development	S	00	⊠ 2	0.0
		57.	0.00	57.6	0.6
		⊠s	174.015.000.	⊠≀	0.0
Column Totals		. 🛛 🕏		⊠ s	1,000,000.0
Total Payments Listed (column totals ac	dded)		⊠ \$ 17:	5,015,0	00.00
	D. FEDERAL SIGNATURE	Middle Maria		di i	
ignature constitutes an undertaking by the iss	ned by the undersigned duly authorized person. If this not suer to furnish to the U.S. Securities and Exchange Compy non-accredited investor pursuant to paragraph (b)(2) of	nissio	n, upon writte		
ssuer (Print or Type)	Signature	Dat	е		·
/erde Group, L.L.C.	Wille Of Colons	No	vember 18, 200	03	
lame of Signer (Print or Type)	Title of Signer (Print or Type)				
Villiam R. Fowler III	Vice President				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)